Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *SAXONY HEALTH CENTER* **License #**: *44943* **License Expiration Date**: *07/16/2021*
Address: *223 PITTSBURGH STREET, SAXONBURG, PA 16056*
County: *BUTLER* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: *7243529445* **Email**: [redacted]

Legal Entity

Name: *SAXONY2 LLC*
Address: *1326 FREEPORT ROAD, SUITE 100, PITTSBURGH, PA, 15238*
Phone: *7243529445* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *10/17/2000* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *57* **Waking Staff**: *43*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal* **Exit Conference Date**: *05/05/2021*

Inspection Dates and Department Representative

05/04/2021 - On-Site: [redacted]
05/05/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *56* **Residents Served**: *33*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Elderberry Court* **Capacity**: *18* **Residents Served**: *18*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *33*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *24* **Have Physical Disability**: *0*

Inspections / Reviews

05/04/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date**: *05/29/2021*

6/4/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date**: *06/11/2021*

6/30/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date**: *07/07/2021*

8/2/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

65d - Initial Direct Care Training

1. **Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired [redacted], began providing unsupervised ADL services on 12/1/20. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 5/5/21.

Plan of Correction **Accept**

Direct care staff person A completed the department-approved Direct care staff training course on 5/4/21. Administrator completed an audit on 5/6/21 for current staff to ensure completion of the Department approved care training. Administrator or designee will audit all new hires paperwork on date of hire to ensure Department approved Direct care staff training is complete prior to unsupervised ADL services.
See Attachment D

Completion Date: *06/11/2021*

Document Submission **Implemented**

sent

95 - Furniture and Equipment

1. **Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The molding was partially detached from an overbed table in the small room next to the Secured Dementia Care Unit (SDCU) dining area, exposing the rough edge of the table and posing a pinching/skin tear hazard.

Plan of Correction **Accept**

The over the bed side table was removed and disposed of on 5/4/21. Administrator completed an audit on all current furniture/equipment to ensure it was free from hazard on 5/6/21. Administrator or designee will complete a weekly audit on furniture and equipment for three months then monthly therafter to ensure all furniture and equipment is free of hazard.
See attachmen C

Completion Date: *06/11/2021*

Document Submission **Implemented**

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102k - No Common Towel

1. **Requirements**

2600.

102k - No Common Towel *(continued)*

102.k. Use of a common towel is prohibited.

Description of Violation

On 5/4/21, an unlabeled hand towel and washcloth were on the sink towel ring and an unlabeled bath towel was on the towel bar next to the shower in the bathroom shared by resident #1 and resident #2.

Plan of Correction **Accept**

Administrator completed an audit on 5/5/21 noted during Community renovations a second towel ring was not placed in rooms that have the capacity for 2 residents. The Administrator notified the contractor and towel rings were odered from Grainers and will be installed upon delivery. Administrator or designee will complete a weekly audit to ensure shared rooms are not sharing towels. Towel rings will be labled to indicate who they belong to. Current staff educated on 6/11/21 to notify the Administrator or designee if towel rings are not marked.
See attachment E

Completion Date: *06/11/2021*

Document Submission **Implemented**

sent

103f - Refrigerator/Freezer Temps

1. **Requirements**

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 5/4/21 at 10:15 am there was no thermometer in the SDCU kitchen refrigerator.
On 5/4/21 at 10:52 am there was no thermometer in the A Wing kitchenette freezer.

Plan of Correction **Accept**

The thermometer was located in the refrigerator on the SDCU kitchen on 5/4/21.
A thermometer was placed in the freezer on A wing PC on 5/4/21. DCS check and record temps daily on 3rd shift.
DCS to notify Administrator or designee if Temps are not within state guildelines.
See attachment A

Completion Date: *06/11/2021*

Document Submission **Implemented**

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125a - Combustible Storage

1. **Requirements**

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

125a - Combustible Storage *(continued)*

Description of Violation

On 5/4/21, an approximate 2 ½" x 6" piece of cardboard was wedged between the filter panel and the inside of the filter area of the A Wing furnace.

Plan of Correction **Accept**

The Adminstrator contacted the maintenance department and had the piece of cardboard removed from the furnace on A wing on 5/5/21 Maintenance department or designee will do monthly audits on furnace to ensure there are no flammable material on or around the furnace.
See attachment F

Completion Date: *06/11/2021*

Document Submission **Implemented**

sent

185a - Implement Storage Procedures

1. **Requirements**

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [redacted], resident #1's glucometer was not calibrated to the correct date and time.

Plan of Correction **Accept**

The Director of Nursing calibrated resident # 1 glucometer machine to the correct date and time on [redacted]. The Administrator or designee will complete a weekly audit for 3 months then monthly thereafter to ensure glucometers are callibrated correctly to show the correct date and time. DCS where educated on 6/11/21 to be aware of the date and time with each use and notify the nurse or Administrator If the Glucometer needs calibrated.
see attachment G

Completion Date: *06/11/2021*

Document Submission **Implemented**

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231c - Preadmission Screening

1. **Requirements**

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

On [redacted], resident #3 was admitted to the SDCU; however, a written cognitive preadmission screen was not completed.

231c - Preadmission Screening *(continued)*

Plan of Correction **Accept**

Preadmission screen for resident # 3 was updated on [redacted]. Administrator completed an audit on 5/5/21 for all current residents on memory care unit to ensure all cognitive screens were completed prior to admission. Administrator or designee will do a monthly audit for three months to ensure all prescreens are completed prior to admissions. Long term solution Administrator or designee will review prescreens for all new admitts on date of admission to ensure the cognitive section is conpleted.
See attachment B

Completion Date: *06/11/2021*

Document Submission **Implemented**

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